

**NOTICE TO POTENTIAL BIDDERS**  
**Requirement for MSD Certification**

In conjunction with the Metropolitan Sewer District (MSD), the St. Louis District Corps of Engineers is conducting market research of MSD certified contractors. Work to be done will consist of rehabilitating MSD sewers by doing various repairs including void repairs, external chemical grouting, filling voids between liner and tunnel, abandonment of laterals, repair of lateral sewer connections, and sealing cracks by grout injection. Also included in the work will be reinforced concrete invert, reinforced shotcrete liners (10 inch and 2 inch), disposal and protection and restoration of site.

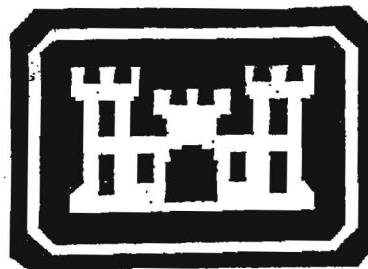
Potential projects are:

(a) Vandeventer to Grand Sewer Rehabilitation of approximately 3,200 lineal feet of pipe sewers, varying in size from 12' x 14' to 15' x 18' horseshoe sewers and appurtenances in an area located at Vandeventer Avenue and Duncan Avenue to north of Gratiot Street and Grand Avenue, in the City of St. Louis, Missouri.

(b) South Arsenal Rehabilitation of approximately 4,745 lineal feet of pipe sewers and appurtenances in an area located east of Compton Avenue and along Potomac Street, in the City of St. Louis, Missouri.

Both of these projects shall require contractors with MSD certifications. The MSD certification questionnaire is attached below. It must be completed and submitted to the St. Louis Metropolitan Sewer District for certification. Contractors interested in these MSD projects are advised to acquire MSD certification. Complete and submit to the Metropolitan St. Louis Sewer District, 2000 Hampton Avenue, St. Louis, MO 63139 for certification.

**METROPOLITAN ST. LOUIS SEWER DISTRICT  
2000 HAMPTON AVENUE  
ST. LOUIS, MO 63139**



**EXPERIENCE QUESTIONNAIRE  
U.S. ARMY CORPS OF ENGINEERS  
VANDAVENTER TO GRAND AVE. SEWER REHABILITATION PROJECT  
SOUTH ARSENAL SEWER REHABILITATION PROJECT**

**(USED IN PREQUALIFYING BIDDERS ON CONSTRUCTION WORK)**

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**SUBMITTED BY (COMPANY)**

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**ADDRESS**

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**CITY, STATE, ZIP CODE**

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**DATE**

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**TELEPHONE**

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**FAX**

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**E-MAIL ADDRESS**

**RULES AND REGULATIONS FOR PRE-QUALIFICATION OF CONTRACTORS**  
**ON WORK LET BY CONTRACT WITH THE METROPOLITAN ST. LOUIS**  
**SEWER DISTRICT**

1. An applicant for pre-qualification must furnish, under oath, detailed information with respect to its equipment, past record, personnel, and experience, together with such other information as is called for in this Experience Questionnaire.
2. A contractor must have secured a certificate of pre-qualification prior to submission of its bid.
3. Any combination of qualified or unqualified contractors bidding jointly becomes a new contracting firm and must be pre-qualified in accordance with these rules. All applications shall be in writing and signed by the principal parties in the joint venture.
4. An Experience Questionnaire on forms furnished by the Director of Engineering must be filed every twelve months in order to renew pre-qualification. This form must be completed in detail. The Executive Director may require any additional information he deems necessary for pre-qualification.
5. No bidder will be pre-qualified unless its Experience Questionnaire indicates that it has the experience, organization, and equipment, sufficient in the judgment of the District, that it can satisfactorily execute its contracts and meet its obligations therein incurred.
6. Out-of-State Corporations must furnish a certificate from the Secretary of State showing that it is authorized to transact business in the State of Missouri.
7. If any significant change occurs in the information included on the contractor's pre-qualification form, notice shall be given to the District immediately.
8. A copy of the applicable drain layers license from the City and/or County of St. Louis is required for Sewer Construction.

NOTE: It is quite important that the "work experience" section be completed and that it contains projects of the type for which application is being made. Pre-qualification will not be granted for types of work which have been subcontracted to others.

**METROPOLITAN ST. LOUIS SEWER DISTRICT  
2000 HAMPTON AVENUE  
ST. LOUIS, MO 63139**

**EXPERIENCE QUESTIONNAIRE  
U.S. ARMY CORPS OF ENGINEERS  
VANDAVENTER TO GRAND AVE. SEWER REHABILITATION PROJECT  
SOUTH ARSENAL SEWER REHABILITATION PROJECT**

**(USED IN PREQUALIFYING BIDDERS ON CONSTRUCTION WORK)**

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**SUBMITTED BY (COMPANY)**

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**ADDRESS**

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**CITY, STATE, ZIP CODE**

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**DATE**

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**TELEPHONE**

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**FAX**

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**E-MAIL ADDRESS**

**APPLICATION TO THE METROPOLITAN ST. LOUIS SEWER DISTRICT FOR**  
**CERTIFICATE OF QUALIFICATION TO BID**

The undersigned hereby applies to the Executive Director of the Metropolitan St. Louis Sewer District for a Certificate of Qualification to bid the following types of work: (Check each type of work for which qualification is requested)

\_\_\_\_\_ Sewer Construction (Drain layers License Required for  
City and County)

\_\_\_\_\_ Building Construction

\_\_\_\_\_ Excavating, Grading, Erosion Control, and Landscaping

\_\_\_\_\_ Pipe Rehabilitation

\_\_\_\_\_ **Cured-In-Place (CIPP)** pipe sizes of \_\_\_\_\_" to \_\_\_\_\_"  
(Fill In Range of Pipe sizes you can install)

\_\_\_\_\_ Concrete Channels, Walls, and Structures

\_\_\_\_\_  
(Firm Name)

\_\_\_\_\_  
(Firm Address)

\_\_\_\_\_  
(Firm City, State, Zip Code)

By \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
(Signature)

**TYPE OF ORGANIZATION** (Check Applicable Category)

\_\_\_\_\_ Corporation  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Sole Proprietorship  
\_\_\_\_\_ Joint Venture

METROPOLITAN ST. LOUIS SEWER DISTRICT  
STATEMENT OF QUALIFICATIONS FOR CURED-IN-PLACE PIPE

1. Manufacturer of **CIPP** product \_\_\_\_\_
2. Trade Name of **CIPP** product \_\_\_\_\_
3. List component materials of **CIPP** (i.e., non-woven polyester felt tube, and epoxy vinyl ester resin) \_\_\_\_\_
4. **CIPP project installed by Contractor**

Name of completed CIPP projects, demonstrating the successful installation of CIPP within the past three (3) years minimum. These CIPP projects completed must be for gravity wastewater pipes, eight inches in diameter or larger. The contractor must provide, below, the name and telephone number of person for whom each CIPP project as installed. (Attach additional sheets as required)

<u>Project Name</u>	<u>When Installed</u>	<u>Invert or pull-in</u>	<u>Total length CIPP installed</u>	<u>Pipe size(s) CIPP installed</u>	<u>Contact Name &amp; Telephone #</u>
_____					
_____					
_____					
_____					
_____					
_____					
_____					

5. List of ASTM Specifications for CIPP \_\_\_\_\_  
(ASTM F-1216, ASTM F-1743, or other)
6. List of 3rd Party Testing Results on Previous Projects For:
  - A. Flextural Strength \_\_\_\_\_
  - B. Flextural Modulus \_\_\_\_\_
  - C. Tensile Strength \_\_\_\_\_
7. **CIPP projects installed by Contractor's Superintendent**
  - A. Name of Contractor's Superintendent \_\_\_\_\_

B. List the CIPP projects below completed by the Contractor's Superintendent. These CIPP projects completed must be for gravity wastewater pipes, eight inches in diameter or larger. Include in the list below the name and telephone number for each of these CIPP projects completed by Contractor's Superintendent.

<u>Project Name</u>	<u>When Installed</u>	<u>Invert or Pull-In</u>	<u>Total Length CIPP Installed</u>	<u>Pipe Size(s) CIPP Installed</u>	<u>Contract Name &amp; Telephone #</u>

8. Authorized signature for Contractor (print name underneath signature) and date.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

**THE SIGNATORY OF THIS QUESTIONNAIRE GUARANTEES  
THE TRUTH AND ACCURACY OF ALL STATEMENTS AND OF  
ALL ANSWERS TO INTERROGATORIES HEREINAFTER MADE**

Please list any previous experience or projects your company has completed for the category you are requesting approval for, and any references you can provide.

Name of Contractor \_\_\_\_\_

Principal Address \_\_\_\_\_

- ☐ A corporation
- ☐ A general co-partnership
- ☐ A limited co-partnership
- ☐ An individual
- ☐ Joint Venture

Incorporated or organized:

Date \_\_\_\_\_ State \_\_\_\_\_

Radius of operations: \_\_\_\_\_

Type of work done: \_\_\_\_\_

Work usually sublet: \_\_\_\_\_

Name of Bonding Company \_\_\_\_\_

Total Bonding Capacity of Firm \$ \_\_\_\_\_

I. How many years have you operated under the above name:

(a) As general contractor \_\_\_\_\_

(b) As sub-contractor \_\_\_\_\_

II. If you succeeded some other organization, indicate:

Name of predecessor \_\_\_\_\_

Type of work done \_\_\_\_\_

Operated during period \_\_\_\_\_

Name of predecessor \_\_\_\_\_

Type of work done \_\_\_\_\_

Operated during period \_\_\_\_\_



III. List of all partners or officers: (Note: if partnership limited, explain and please list full 100% ownership)

Name and title \_\_\_\_\_

Address, City and State \_\_\_\_\_

Fractional interest in firm or number of shares owned \_\_\_\_\_

Name and title \_\_\_\_\_

Address, City and State \_\_\_\_\_

Fractional interest in firm or number of shares owned \_\_\_\_\_

Name and title \_\_\_\_\_

Address, City and State \_\_\_\_\_

Fractional interest in firm or number of shares owned \_\_\_\_\_

IV. What is the construction experience of the principal individuals of your organization? (This includes the job superintendent).

Individual's name \_\_\_\_\_

Present position or office \_\_\_\_\_

Years of construction experience \_\_\_\_\_

Magnitude and type of work \_\_\_\_\_

Capacity \_\_\_\_\_

Individual's name \_\_\_\_\_

Present position or office \_\_\_\_\_

Years of construction experience \_\_\_\_\_

Magnitude and type of work \_\_\_\_\_

Capacity \_\_\_\_\_

Individual's name \_\_\_\_\_

Present position or office \_\_\_\_\_

Years of construction experience \_\_\_\_\_

Magnitude and type of work \_\_\_\_\_

Capacity \_\_\_\_\_

V. What Sewer or Building projects have your organization recently completed?

Contract Amount \_\_\_\_\_ When Completed \_\_\_\_\_

Type of Project \_\_\_\_\_

Location of Project \_\_\_\_\_

Name, Address & Phone

Number of Owner \_\_\_\_\_

Contract Amount \_\_\_\_\_ When Completed \_\_\_\_\_

Type of Project \_\_\_\_\_

Location of Project \_\_\_\_\_

Name, Address & Phone

Number of Owner \_\_\_\_\_

Contract Amount \_\_\_\_\_ When Completed \_\_\_\_\_

Type of Project \_\_\_\_\_

Location of Project \_\_\_\_\_

Name, Address & Phone

Number of Owner \_\_\_\_\_

VI. What Sewer or Building projects have your organization now in process of construction?

Contract Amount \_\_\_\_\_ When to be Completed \_\_\_\_\_

Type of Project \_\_\_\_\_

Location of Project \_\_\_\_\_

Name, Address & Phone

Number of Owner \_\_\_\_\_

Contract Amount \_\_\_\_\_ When to be Completed \_\_\_\_\_

Type of Project \_\_\_\_\_

Location of Project \_\_\_\_\_

Name, Address & Phone

Number of Owner \_\_\_\_\_

NOTE: If more space is needed, attach additional sheets.

VII. Have you ever failed to complete any work awarded to you? (If so, explain)

\_\_\_\_\_

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<u>New under 12 months</u>	<u>Over 12 months old</u>	<u>Rebuilt</u>
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Over 12 months old

## Rebuilt

0-1 (Good)  
0-2 (Average)  
0-3 (Fair)  
0-4 (Poor)

R-1  
R-2  
R-3  
R-4 (Poor)

**AFFIDAVIT FOR INDIVIDUAL**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

\_\_\_\_\_, being duly sworn, deposes and says  
that the answers to the foregoing Interrogatories are true, and that any depository,  
vendor or other agency herein named is authorized to supply The Metropolitan  
St. Louis Sewer District with any information necessary to verify this statement.

\_\_\_\_\_  
(Applicant sign here)

Sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

(seal)

**AFFIDAVIT FOR CO-PARTNERSHIP**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

\_\_\_\_\_, being duly sworn, deposes and says  
that they are a member of the firm of \_\_\_\_\_  
that they are familiar with the books of said firm showing its financial condition; and  
that the answers to the foregoing interrogatories are true, and that any depository,  
vendor or other agency herein named is authorized to supply The Metropolitan  
St. Louis Sewer District with any information necessary to verify this statement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Members of firm, sign above)

Sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

(seal)

**AFFIDAVIT FOR CORPORATION**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

\_\_\_\_\_, being duly sworn, deposes and says that  
\_he is \_\_\_\_\_ of the

\_\_\_\_\_  
the corporation described in and which executed the foregoing statement that  
\_he is familiar with the books of the said corporation, showing its financial  
condition; and that the answers of the foregoing interrogatories are true, and that  
any depository, vendor or other agency herein named is authorized to supply The  
Metropolitan St. Louis Sewer District with any information necessary to verify this  
statement.

\_\_\_\_\_  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
\_\_\_\_\_  
Title

Sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

(seal)